2100 K Street, NW, Washington, DC 20427; or by calling 202–606–8181.

Dated: May 5, 1999.

#### Tom O'Brien,

Deputy Director Designee, Federal Mediation and Conciliation Service.

[FR Doc. 99–12181 Filed 5–13–99; 8:45 am] BILLING CODE 6732–01–M

#### FEDERAL RESERVE SYSTEM

## Change in Bank Control Notices; Acquisitions of Shares of Banks or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than May 28, 1999.

# A. Federal Reserve Bank of Atlanta (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. Willson Management and Development Partnership, L.P., Athens, Tennessee; to acquire voting shares of Citizens National Bancorp, Athens, Tennessee, and thereby indirectly acquire Citizens National Bank, Athens, Tennessee.

Board of Governors of the Federal Reserve System, May 10, 1999.

#### Robert deV. Frierson,

Associate Secretary of the Board. [FR Doc. 99–12185 Filed 5-13-99; 8:45 am] BILLING CODE 6210-01-F

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Centers for Disease Control and Prevention

[Program Announcement 99075]

Cooperative Agreement for a Laboratory Medicine Sentinel Monitoring Network; Notice of Availability of Funds

#### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement for a Laboratory Medicine Sentinel Monitoring Network. This program addresses the "Healthy People 2000" priority area of Surveillance and Data Systems. The purposes of the program are to develop data collection networks and provide information about the practice of laboratory medicine in hospitals, physician offices, and independent laboratories.

# **B. Eligible Applicants**

Assistance will be provided only to the health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. In consultation with States, assistance may be provided to political subdivisions of States. We are limiting eligibility to State health departments because:

- 1. They are uniquely qualified due to the role they play in coordinating CLIAassociated activities within the states;
- 2. They possess the experience with laboratory issues that can facilitate the recruitment of network members; and
- 3. To provide assistance to these organizations and to implement long term laboratory medicine monitoring programs.

#### C. Availability of Funds

Approximately \$300,000 is available in FY 1999 to fund three awards. It is expected that the average award will be \$100,000, ranging from \$80,000 to \$120,000. It is expected that the awards will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of up to 3 years. Funding estimates may change.

Continuation awards within an approved project period will be made

on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

## **D. Funding Preferences**

Preference may be given to State health departments with existing laboratory networks (data collection networks comprised of clinical laboratories which periodically monitor and report on issues related to the delivery of clinical laboratory medicine and quality assurance programs associated with them). Additional preference may be given to achieve an even geographic distribution of sites or to a site that primarily includes a rural population.

## **E. Program Requirements**

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed under 1. (Recipient Activities), and CDC will be responsible for those activities listed under 2. (CDC Activities).

#### 1. Recipient Activities

- a. Solicit laboratories to voluntarily participate in the Monitoring Networks so that representatives of each laboratory type (hospital, physician office, and independent) and complexity level (waived, PPM, moderate and high) can participate in the total network.
- b. Provide leadership in the design and evaluation of questionnaires for periodic reporting of laboratory operational characteristics and problems (especially those that impact patient care, including QC and QA practices, and the methods that are used by the network participants during the period of the study).
- c. Provide leadership in collecting and sharing raw data within the network.
- d. Periodically send the developed questionnaires to network participants for them to gather and submit the response data back, and enter, analyze, and summarize the data for the participants in a statistically valid manner.
- e. Distribute reports to network members for self-evaluation and improvement. Make information available to other laboratories in the region.
- f. Prepare manuscripts for peer-review publications.

# 2. CDC Activities

a. Collaborate in identifying those areas of laboratory medicine that have public health concerns.